

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

IN RE:

DEBTOR: MICHAEL B
JARACENO JR

CASE NUMBER: 13-18784

JUDGE

CHAPTER 11

DEBTOR'S MONTHLY OPERATING REPORT (INDIVIDUAL)

FROM 2-1-16 FOR THE PERIOD TO 2-28-16

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated: 6-27-16

MICHAEL McCRYSTAL
Attorney for Debtor

Debtor's Address

and Phone Number:

4507 SCHEIDY RD
COPLAY, PA. 18037
Tel. 610-442-7829

Attorney's Address

and Phone Number:

2355 OLD POST RD #4
COPLAY PA. 18037
Bar No.
Tel. 610-262-7873

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website,
<http://www.justice.gov/usit/r20/index.htm>

- 1) Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

**SCHEDULE OF HOUSEHOLD
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
CASH - Beginning of Month	FEBRUARY	
CASH RECEIPTS		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement	1580.00	
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)	1500.00	
CHILDREN'S HELP		
TOTAL RECEIPTS	3080.00	
CASH DISBURSEMENTS		
Alimony or Child Support Payments		
Charitable Contributions		
Gifts		
Household Expenses/Food/Clothing		
Household Repairs & Maintenance		
Insurance		
IRA Contribution		
Lease/Rent Payments		
Medical/Dental Payments		
Mortgage Payment(s)	3585	
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)		
Vehicle Expenses		
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees	650.00	
Professional Fees (Legal, Accounting)		
Other (attach schedule)		
Total Household Disbursements	4235.00	
CASH - End of Month (Must equal reconciled bank statement-Attachment No. 2)		

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

Debtor Name: MICHAEL B. JARACENDO JR.
Case Number: 13-18784

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

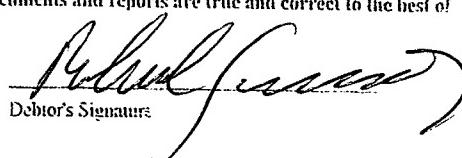
	Month	Cumulative
	FEBRUARY	Total
CASH-- Beginning of Month (Household)		
CASH-- Beginning of Month (Business)		
Total Household Receipts	3080.00	
Total Business Receipts	6250.00	
Total Receipts	9330.00	
Total Household Disbursements	4235.00	
Total Business Disbursements	6734.00	
Total Disbursements	10,969.00	
NET CASH FLOW (Total Receipts minus Total Disbursements)	-1639.00	
CASH-- End of Month (Individual)		
CASH-- End of Month (Business)		

CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)		
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)		
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 27 day of June 2016


Debtor's Signature

**SCHEDULE OF BUSINESS
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
CASH - Beginning of Month	FEBRUARY	
BUSINESS CASH RECEIPTS		
Cash Sales		
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this report)		
Rental Income	6250.00	
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report)		
Total Business Receipts	6250.00	
BUSINESS CASH DISBURSEMENTS		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)		
Inventory Purchases		
Secured/Lease Payments (Business)		
Utilities (Business)	1423.00	
Insurance		
Vehicle Expenses		
Travel & Entertainment		
Repairs and Maintenance		
Supplies		
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)	MORTGAGES	
	INS. & TAXES	5311.00
Total Business Disbursements		6734.00
CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)		

GENERAL INFORMATION

Has any cash or property been held or handled outside the normal course of business during this reporting period?

YES	NO
-----	----

Has any cash been disbursed from any account other than a debtor in possession account?

YES	NO
-----	----

Has any disbursement been made to accounts, notes, or funds etc. from any relatives, friends, or related party?

YES	NO
-----	----

Have any amounts been paid as pre-petition liabilities this reporting period?

YES	NO
-----	----

Have any post-petition funds been received by the debtor from any party?

YES	NO
-----	----

Are any post-petition payroll taxes past due?

YES	NO
-----	----

Are any post-petition state or federal income taxes past due?

YES	NO
-----	----

Are any post-petition state or local sales taxes past due?

YES	NO
-----	----

Are any post-petition real estate taxes past due?

YES	NO
-----	----

Are any amounts owed to post-petition creditors/vendors delinquent?

YES	NO
-----	----

Are any wage payments past due?

YES	NO
-----	----

If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION

Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?

YES	NO
-----	----

If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE

TYPE of POLICY

and CARRIER

Period of Coverage

Payment Amount
and Frequency

Delinquency
Amount

HOMEOWNERS	STATE FARM	12/31/15	A	
PROPERTY	STATE FARM	12/31/15	A	

Check here if United States Trustee has been listed as a Certificate Holder on all policies of insurance

INCLUDED IN mo9679613

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement:

ANNUAL MONITORING REPORT -
INDIVIDUAL

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATION

ATTACHED

Bank Account Information				
Name of Bank: FIRST NIAGARA Account Number: 007806214453 Purpose of Account: DEBTOR ACC Type of Account: (e.g. checking)	Account #1	Account #2	Account #3	Account #4
1. Balance per Bank Statement 2. ADD: Deposits not credited (attach list to this report) 3. SUBTRACT: Outstanding Checks (attach list) 4. Other Reconciling Items (attach list to this report) 5. Month End Balance (Must Agree with Books)				
TOTAL OF ALL ACCOUNTS				

Note: Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information

Note: Attach a copy of each investment account statement.

FEBRUARY 20, 2016 BORROWED \$7500.00
TO START PAYING BACK BY DEBTS.

DATE	PAYEES	
2-2-16	CHASE HOME FINANCE	\$ 218.67 \$ 121.55 \$ 329.78
	U.S. TRUSTEE	\$ 650.00
2-23-16	CHASE HOME FINANCE	\$ 1078.10 \$ 397.33 \$ 714.86
	CITY OF ALLEN TOWN	\$ 2280.07
3-1-16	ATTY. MICHAEL McCRYSTAL	\$ 320.00
		<hr/> <u>\$ 6110.36</u>

ANNUAL OPERATING REPORT - INDIVIDUAL

ATTACHMENT NO. 3A

CASH DISBURSEMENTS DETAILS - HOUSEHOLD

Account Number	Purpose of Account (Personal)	Type of Account (e.g., Checking)
-----------------------	--------------------------------------	---

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

10. The following table summarizes the results of the study:



MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

474 Statement Date: 02/18/16
Account Number: 7806214453
Deposit

***** Choice Checking 7806214453 *****

All Transactions by Date

Date	Description	Withdrawal	Deposit	Balance
01/15	Balance Forward			9,196.16
01/16	Deposit	1,225.00		10,421.16
01/27	Deposit	500.00		10,921.16
02/01	Withdrawal	8,896.65-		2,024.51
02/02	Deposit		2,856.00	4,880.51
02/03	Deposit		1,662.00	6,542.51
02/09	AETNA LIFE INSUR INS PYMT	140.49-		6,402.02
02/10	TCS TREAS 449 XXSOC SEC		1,580.49	7,982.51
02/17	Deposit		2,105.00	10,087.51
02/17	Check Num 177	329.78-		9,757.73
02/17	Check Num 176	121.55-		9,636.18
02/18	LEHIGH CO AUTH ONLINE PMT	223.41-		9,412.77
02/18	CAPITAL ONE CARD ONLINE PMT	200.38-		9,212.39
02/18	UGI UTILITIES ONLINE PMT	178.17-		9,034.22
02/18	UGI UTILITIES ONLINE PMT	177.34-		8,856.88
02/18	LEHIGH CO AUTH ONLINE PMT	172.79-		8,684.09
02/18	PPL ELECTRIC ONLINE PMT	131.19-		8,552.90
02/18	LEHIGH CO AUTH ONLINE PMT	129.33-		8,423.57
02/18	LEHIGH CO AUTH ONLINE PMT	122.97-		8,300.60
02/18	PPL ELECTRIC ONLINE PMT	91.29-		8,209.31
02/18	Deposit		850.00	9,059.31

Checks in Order

Date	Number	Amount	Date	Number	Amount	Date	Number	Amount
02/17	176	121.55	02/17	177	329.78			

Account Summary

Beginning Balance	+ Deposits	- Interest Paid	- Withdrawals	- Service Charge	= Ending Balance
9,196.16	10,778.49	.00	10,915.34	.00	9,059.31

Statement from 01/16/16 Thru 02/18/16

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

474 Statement Date: 02/18/16
Account Number: 7806214453
Deposit

*****Summary of Deposit Accounts *****

AP	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY
-10 37	7806214453	9,059.31			

This account reconciliation form is provided to help you balance your statement and your account register. It's easy to use.

- In your account register, mark off each deposit, withdrawal, and check reported in this statement.
 - Be sure to write all transfers in your account register, including automatic deposits, automatic payments, or transfers you made between accounts.
 - Be sure to add interest or dividends that you earned as listed in this statement.

1. Your ending balance from this statement **\$ 15**

2. List deposits and credits that are not listed on this statement.

3. Subtotal by adding 1 and 2

4. List custodians, checks, transfers, withdrawals, or purchases that do not appear on this statement.

5. Subtract 4 from 3. This should match your checkbook register balance.

If your account does not balance — check the following carefully:

- Have you correctly entered the amount of each checkbook in your account register?
 - Do the amounts of your deposits entered in your checkbook agree with your statement?
 - Have all checks been deducted from your checkbook balances?
 - Have you deducted all bank charges from your checkbook balance?
 - Have you added interest earned on your account?
 - Have you carried the correct balance forward from one checkbook into the next?
 - Have you checked off all entries and subtractions in your checkbook?

THE FOLLOWING INFORMATION APPLIES TO YOUR DEPOSIT ACCOUNTS:

In Case of Errors or Questions About Your Electronic Transfers
Telephone us at (716) 625-7800 or 1-800 421-0004 or
Write us at First Niagara Bank, Deposit Operations Dept.,
P.O. Box 886, Lockport, NY 14295-0886.

as soon as you can. If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number if any.
(2) Describe the error or the mistake you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
(3) Tell us the dollar amount of the suspected error.

We will repair your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is an error, so that you will have the use of the money during the time it takes us to investigate.

THE FOLLOWING INFORMATION APPLIES TO YOUR LINE OF CREDIT ACCOUNT:

MINUS SYMBOL. On the front of this statement, the minus sign indicates a payment, either credit or debit balance.

COMPUTATION OF PERIODIC RATE FINANCE CHARGE. The PERIODIC RATE FINANCE CHARGE may be determined by multiplying the AVERAGE DAILY BALANCE first by the DAYS THIS PERIOD and then by the DAILY PERIODIC RATE. We computed the AVERAGE DAILY BALANCE as follows: (a) we computed all outstanding advances at the end of each day in the billing cycle covered by this statement by adding to the balance of your account at the beginning of that day all outstanding advances posted to your account that day and subtracting from that balance all payments and other credits posted to your account that day and all periodic rate finance charges, charges for group credit life insurance and other charges included in that balance after the application of the payments and other credits to items included in that balance, and then dividing the total outstanding advances at the end of each day in the billing cycle by the number of days in the billing cycle.

CREDITING OF PAYMENTS. To ensure that your payment is credited to your account the same day we receive it, it must be (a) made in United States funds in cash delivered in person or by check or money order payable to our order, (b) accompanied by the payment stub included with this statement and (c) received by us at any of our offices by 3:00 p.m. on any day Monday through Friday, or not later than 10:00 a.m. on Saturday.

DISPUTED AMOUNT. You are not required to pay any specific amount you have properly reported to us as disputed pending our compliance with applicable law.

SPRING EQUITY SUMMARY

BILLING RIGHTS SUMMARY

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at First Niagara Bank, Attention: Loan Servicing, P.O. Box 514, Lockport, NY 14245-0514, as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us at (716) 626-7600 or 1-800-421-0034, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you or someone else purchased.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

ANNUAL CHARTERED REPORT OF THE STATE.

ATTACHMENT NO. 26

CASH DISBURSEMENTS DETAILS - BUSINESS

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

10. *What is the name of the author of the book you are reading?*

ATTACHMENT(S) PENDING

VOLUME OF PAPERWORK BY MAIL OR FAX			
Category	Description	Quantity	Amount
1. Court documents	1. Court documents	1	\$10.00
2. Legal documents	2. Legal documents	1	\$10.00
3. Other documents	3. Other documents	1	\$10.00
4. Total	Total	3	\$30.00

If there are documents filed perfect copies not been delivered to the parties, provide details, including the name, address, telephone number and individual who received them.

MONTHLY OPERATING REPORT
IN VIRTUAL

ATTACHMENT NO. 4

ACCOUNTS RECEIVABLE RECONCILIATION		Scheduled Amount	Current Month
Plus: Billings During the Month			
Less: Collections During the Month			
Adjustments or Writeoffs*			
Accounts Receivable Ending Balance**			

ACCOUNTS RECEIVABLE AGING		Scheduled Amount	Current Month
(Pre- & Post-Petition)			
0 - 30 Days			
31 - 60 Days			
61 - 90 Days			
Over 90 Days			
Total Accounts Receivable			

* Attach explanation of any adjustment or writeoff.

** The "current month" of these two lines must equal.

POST-PETITION TAXES	Beginning Tax Liability*	Amount Withheld & or Accrued
Federal Taxes		
Withholding**		
FICA - Employee		
FICA - Employer		
Unemployment		
Income		
Other (Attach List)		
Total Federal Taxes		
State & Local Taxes		
Withholding		
Sales		
Unemployment		
Real Property		
Personal Property		
Other (Attach List)		
Total State & Local Taxes		
Total Post-Petition Taxes		

* The beginning tax liability should represent the liability from the prior month, or if this is the first report, the amount should be zero.

** Attach copies of IRS Form 6123 or your FTD coupon and payment receipt to verify payment or deposit.